

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17413

State File No.

Registrar's No. 5-97

FILED JUN 3 1940

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2316 South 9th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community 60 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME SARAH CATHERINE MILLER

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William M. Miller 6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased Oct. 25 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 6 18 hr. min.

9. Birthplace Otisco Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name John W. Sullivan
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Montgomery
15. Birthplace Unknown 9 Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frankie Henner

(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 5/15/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Heaton B. Lee & Bauman

(b) Address St. Joseph, Mo.

19. (a) 5/14/43 (b) Rae Heagy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2316 South 9th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ()

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1943 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 15th 1943 to May 15th 1943; that I last saw him alive on May 15th 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis 2 yrs.

Due to General Arterio Sclerosis 2 yrs

Due to 131A

Other conditions Woman has been suffering with Chronic Nephritis and Hypertension for the past two years.

Major findings: Of operation Underline the cause to which death should be charged

Of autopsy no past two years

22. If death was due to external causes, all in the following: She was last seen by Dr. Hartigan now out of the city.

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury

23. Signature 44 Mundy (M. D. or other) Coroner

Address 404 1/2 St. St. Joseph, Mo. Date signed 5/15/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed James A. Moles
Licensed Embalmer No. 3296
P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.